



**2019 Benefits Enrollment Guide** // *Your Benefits. Your Choice.*





To: All Full-time and Part-time (Benefits-eligible) Employees:

The City of Abilene continues its commitment to provide comprehensive and competitive benefits for you and your dependents. The 2019 Annual Benefits Enrollment process is coming up soon and key dates are listed below. While the City will continue its partnership with Aetna for health insurance, plan benefits will change for 2019. Over several months diligent efforts were made to minimize the rate increases within the current market environment. For your convenience, there will be six (6) Education Meeting sessions held from which to choose. Please take time to familiarize yourself with this 2019 Benefits Enrollment Guide in advance and bring it with you, along with any questions you may have, to one of the mandatory Education Meetings being offered. The City's Health Fair will feature flu shots, benefit vendors and wellness booths. The important key dates are:

DATE	ACTIVITY	LOCATION	TIME
<b>Sunday, October 14, 2018</b>	Education Meeting - Session 1	Convention Center, Upstairs Conference Room	9:00 am - 10:00 am
	Education Meeting - Session 2	Convention Center, Upstairs Conference Room	9:00 pm - 10:00 pm
<b>Monday, October 15, 2018</b>	Education Meeting - Session 3	Convention Center, Upstairs Conference Room	9:00 am - 10:00 am
	Education Meeting - Session 4	Convention Center, Upstairs Conference Room	9:00 pm - 10:00 pm
<b>Tuesday, October 16, 2018</b>	Education Meeting - Session 5	Convention Center Auditorium	10:00 am - 11:00 am
	Education Meeting - Session 6	Convention Center Auditorium	2:00 pm - 3:00 pm
	Health Fair	Convention Center Main Foyer	9:00 am - 4:00 pm
<b>Wednesday, October 17, 2018 through Friday, October 26, 2018</b>	Enrollment Period	Online Enrollment	Available 24/7
		Telephone Appointments	7:00 am - 5:00 pm
		City Hall Basement EOC Computer Lab (starting October 22, 2018)	7:00 am - 12:00 pm 1:00 pm - 5:00 pm

As a reminder, all full-time and part-time (benefits-eligible) employees are required to complete the enrollment process via one of the two methods in order to have coverage in 2019 – either online or by telephone appointment – and print a confirmation statement upon completion. The enrollment process ensures your benefit selections, dependents and/or waivers are accurate. If assistance is needed for online enrollment, counselors will be available to help in the City Hall basement (EOC) during the Enrollment Period. This year, all counselors will be bilingual.

Thank you for your dedication and service to the citizens of Abilene.

City of Abilene Human Resources

## TABLE OF CONTENTS

<b>3</b>	What's Available for 2019?	<b>8</b>	Basic Life and AD&D Insurance
<b>3</b>	Changing Coverage During the Year	<b>8</b>	Voluntary Term Life Insurance
<b>4</b>	Medical Insurance	<b>10</b>	Voluntary Accidental Death & Dismemberment Insurance
<b>4</b>	Medical Rates	<b>10</b>	Whole Life Insurance
<b>5</b>	Prescription Drug Plan	<b>17</b>	Critical Illness Insurance
<b>6</b>	Flexible Spending Accounts (FSA)	<b>18</b>	Accident Insurance
<b>6</b>	Hospital Indemnity Insurance	<b>19</b>	Employee Assistance Program (EAP)
<b>7</b>	Dental Insurance	<b>19</b>	Legal Shield
<b>7</b>	Dental Rates	<b>19</b>	Next Steps
<b>8</b>	Vision Insurance	<b>19</b>	Contact Information
<b>8</b>	Vision Rates		

**ENROLLMENT DATES: OCTOBER 17 - OCTOBER 26, 2018**

## BENEFITS FOR YOU AND YOUR FAMILY

The City of Abilene is pleased to announce your 2019 benefits program, which is designed to help you stay healthy and maintain a work/life balance. Offering a comprehensive benefits package is just one way we strive to provide you with a rewarding workplace. Please read the information provided in this guide carefully. For full details about your plans, please refer to the summary plan documents on the City of Abilene Intranet/Employee Benefits page.

### WHEN AND HOW DO I ENROLL?

**All full and part-time employees must complete the enrollment process no later than 5 PM on Friday, October 26 in order to have benefits in 2019. There are 2 ways to enroll this year:**

- Starting Monday, October 8th, you can schedule a telephone appointment with a Benefits Educator online at [www.CityofAbileneBenefits.com](http://www.CityofAbileneBenefits.com) or by calling 1-855-680-8806. Appointments fill up fast, so don't wait!
- Enroll online 24/7 at [www.CityofAbilene.bswift.com](http://www.CityofAbilene.bswift.com) beginning Wednesday, October 17. Online enrollment ends at 5 PM on Friday, October 26th, so don't delay!

#### ***Need assistance with your online enrollment?***

Stop by the City Hall Computer Lab in the Basement Emergency Operations Center (EOC), October 22 - 26, 7 AM - 12 PM and 1 PM - 5 PM for assistance. Schedule your appointment by visiting [www.CityofAbileneBenefits.com](http://www.CityofAbileneBenefits.com) or calling 1-855-680-8806.

### CONFIRMATION STATEMENT

Remember to keep your benefit confirmation statement as your receipt that you enrolled in benefits for 2019. Also, be sure to review the benefit confirmation statement carefully; any pending verification documents must be turned in by Friday, November 16, 2018. Be sure to compare your elections with the first payroll check of 2019 on January 11.

#### ***Who Is Eligible?***

Regular full-time employees, spouses, and children up to age 26\* who meet certain criteria are eligible for all benefits through the City of Abilene. Part-time employees are eligible for all benefits except for medical insurance.

\*A dependent child may be the natural child, legally adopted child, child placed for adoption, stepchild, foster child, or a child of your child who is your dependent for federal income tax purposes at the time of application.

#### ***What's Available For 2019?***

Listed below are the 2019 benefits available during open enrollment:

- Aetna Medical and Pharmacy Benefits **(Changes for 2019)**
- Teladoc (with Medical Plan)
- Flexible Spending Account
  - Medical Care Expenses
  - Dependent Care Expenses (for child/elder care expenses)
- Hospital Indemnity Insurance
- Dental Insurance
- Vision Insurance
- Group Basic Life and AD&D Insurance
- Group Voluntary Term Life Insurance
- Group AD&D Insurance
- Whole Life Insurance
- Critical Illness Insurance
- Accident Insurance
- Employee Assistance Program
- LegalShield

#### ***When Is My Coverage Effective?***

The effective date for your benefits is January 1, 2019. All employees should ensure the deductions for the first paycheck of the new year (January 11, 2019) match their annual enrollment elections. Print and keep your benefit confirmation statement for reference purposes.

#### ***Changing Coverage During the Year***

Your medical, dental and vision payroll deductions are taken out of your paycheck on a pre-tax basis. Since premiums are deducted on a pre-tax basis, you cannot make a change or terminate the coverage elected during the plan year unless you experience a qualifying event. After the open enrollment period, you cannot make changes to your elected coverage unless you experience a change in family status, such as:

- Loss or gain of coverage through your spouse
- Loss of eligibility of a covered dependent
- Death of your covered spouse or child
- Birth or adoption of a child
- Marriage, divorce, or legal separation
- Loss of eligibility under the plan

If you experience a qualifying event, you have **31 days** from the date of the event to make changes to your current coverage election. To change your current coverage, you must notify the City of Abilene benefits staff, complete the necessary change form, and provide verification (marriage license/birth certificate/court documents) to support the change.

## MEDICAL INSURANCE CHANGES FOR 2019

The City of Abilene offers medical coverage through Aetna. This plan covers a wide variety of medical services, including preventive care, office visits, prescription drugs, and inpatient care. **Please note that the medical plan offered is an EPO plan; no out-of-network coverage is offered.**

	PER PAY PERIOD	MONTHLY
Employee Only	\$62.50	\$125.00
Employee and Child(ren)	\$137.50	\$275.00
Employee and Family	\$275.00	\$550.00

MEDICAL BENEFITS	AETNA MEDICAL PLAN NO OUT-OF-NETWORK COVERAGE
Annual Deductible	
Individual	\$4,000
Family	\$8,000
Out-of-Pocket Maximum	
Individual	\$7,500
Family	\$15,000
Coinsurance	70%
Annual Maximum	Unlimited
Preventive Care Benefits	
Routine Physical, Well Baby Care	100%
Immunizations	100%
One Mammogram, PSA Exams, PAP Tests, Colon Cancer Screening	100%
Physician's Services – Office Visit (including lab-only visits)	\$50 copay
Specialist Services - Office Visit (including lab-only visits)	\$75 copay
Lab and X-Ray Lab (Physician office or outpatient facilities due to office visit)	100%
X-Ray/Certain Diagnostic Procedures*	70% after deductible
Hospital Services	
Inpatient	70% after deductible
Outpatient	70% after deductible
Emergency Room** (copay waived if admitted)	
True Emergency	70% after deductible + \$250 copay
Non-Emergency	70% after deductible + \$250 copay
All Other Services	70% after deductible

\*Bone Scan, Cardiac Stress Test, CT Scan (with or without contrast), Ultrasound, MRI, Myelogram, PET Scan.

\*\*Separate physician charge may apply in addition to ER facility charge; some in-network ER facilities contract with out-of-network physicians.

### Teladoc

Employees enrolled in the Aetna Medical Plan will have access to Teladoc telemedicine.

Imagine this...you wake up one morning with cold-like symptoms. You don't want to take time off from work, but you need care now. What can you do? Call Teladoc.

**What is Teladoc?** Teladoc provides a national network of U.S. board-certified doctors available 24/7/365 to resolve many of your medical issues. At only \$40, it's quality care when you need it at a price you can afford. This includes face-to-face service if you have a computer with a camera. You can speak with and see the doctor you have an appointment with! Register ahead of time. Do not wait until you are sick or need an appointment to register for this valuable service.

#### TALK TO A DOCTOR ANYTIME FOR \$40!

Teladoc is less than an office visit copay and an emergency room visit. It saves money and time!

Visit [Teladoc.com/Aetna](http://Teladoc.com/Aetna) or call 1-855-Teladoc (835-2362)

### Aetna Secure Website and Aetna Mobile

Sign up for your **member website** at [aetna.com](http://aetna.com). It's the one place to manage your benefits. You can also:

- See who's covered under the plan
- View your claims
- Find network doctors who accept your plan
- Get a digital ID card
- Email or chat with member services

Once you set up your member website access, you can view your health plan information – whenever you want, wherever you are, with the **Aetna Mobile** app available for Android and iPhone. Using this app will help you:

- Find a doctor or pharmacy
- Check benefits and coverage
- Estimate payment on medical services
- Pull up medical/dental ID cards
- Search claims information

ENROLLMENT DATES: **OCTOBER 17 - OCTOBER 26, 2018**

## **PRESCRIPTION DRUG PLAN** CHANGES FOR 2019

Please note that the medical plan offered is an EPO plan; **no out-of-network coverage is offered.**

AETNA RX PLAN	SPECIALTY	NON-PREFERRED BRAND	PREFERRED BRAND	GENERIC
	<i>In-Network - You Pay</i>			
Rx Deductible ( <i>applies to retail and mail order</i> )	\$250 deductible per individual			
Retail (30-day supply)	\$150 for 30-day supply	\$60 copay	\$40 copay	\$15 copay
Mail Order (90-day supply)	\$150 for 30-day supply	\$120 copay	\$80 copay	\$30 copay
<b>Rx Enhanced</b> – Members electing to purchase preferred/non-preferred brand name drugs when “Brand Medically Necessary” is not indicated and a generic equivalent is available will be required to pay the difference between the cost of the generic and preferred/non-preferred brand name drug, plus the generic copay.				

**Remember, a Health Care Flexible Spending Account (FSA) can help cover out-of-pocket expenses such as prescriptions. See page 6 for more information.**

### Prescription Drug Benefits

#### Aetna Specialty Pharmacy

Aetna Specialty Pharmacy is our in-house specialty pharmacy. It can fill prescription specialty medicine. These types of drugs may be injected, infused or taken by mouth. It must be delivered quickly; a nurse or pharmacist should monitor patients during their treatment.

#### Aetna Mail Order

Did you know that you can have maintenance drugs sent right to your home? You can!! Choose one of three ways to get started: Call the customer service number (1-800-245-0618), log in to your secure account, or complete a mail order form and submit with a 90-day prescription. Get more details on the City of Abilene intranet/employee benefits/Aetna Home Delivery. Members also get:

- 90 day supply for the cost of a 60 day supply copay on non-preferred brand name, preferred brand name, and generic prescriptions.
- Free delivery that is reliable, secure and sent anywhere they choose
- Extra help when needed - like injection training and side effect monitoring
- Proactive outreach to confirm refills
- Free standard supplies
- Nurses and pharmacists who can help 24 hours a day, every day

### DON'T FORGET THE COACH CLINIC

The City of Abilene Clinic for Health (COACH) is available for free to you and your dependents enrolled in the City of Abilene Medical Plan. If you are in need of a non-emergency medical treatment, you can schedule an appointment during the week by calling 325-437-4611.

COACH  
Abilene/Taylor County Health Department Building  
850 North 6th Street

### TERMS TO KNOW

- **Calendar Year Deductible** – The amount of covered expenses that must be paid by a covered person each calendar year before the plan begins paying certain benefits. The deductible does not apply to services covered by a copay.
- **Coinsurance** – The portion of covered expenses you and the plan share after you meet the deductible. Coinsurance is listed as a percentage.
- **Copayment (Copay)** – A specific, fixed dollar amount you must pay for certain supplies or services.
- **Out-of-Pocket Maximum** – This helps protect you from catastrophic costs during the year. When the coinsurance you pay for covered expenses reaches the annual maximum in a calendar year, the plan pays 100% of most remaining covered expenses for that person for the rest of the year. The annual deductible and your copays count towards your out-of-pocket maximum.
- **Family Maximums** – If you cover family members, the plan limits both your annual deductible and annual out-of-pocket maximum. When a combination of all your family's deductible expenses reaches the family deductible amount, your family no longer pays any further deductibles. When the family maximum is met for the calendar year, no other family members will be required to meet further annual deductibles or out-of-pocket maximums for the rest of that year.
- **Annual Maximum** – The maximum amount the insurer will pay the insured for benefits in one plan year (January 1st – December 31st). Each participant has his/her own individual maximum.
- **Pharmacy Deductible** – Separate \$250 deductible per participant per calendar year applies to pharmacy benefit.

## FLEXIBLE SPENDING ACCOUNTS (FSA)

An FSA allows you to set aside pre-tax dollars to cover qualified expenses that you would normally pay out of your pocket with post-tax dollars. The FSA is comprised of a health care spending account and a dependent care account. You pay no federal or state income taxes on the money you place in an FSA. Please make sure that you plan your FSA contributions carefully, as any funds not used by March 15, 2020, will be forfeited. The FSA program will not roll over into the next year, so re-enrollment is required each year.

### How an FSA Works:

- Choose a specific amount of money to contribute for the plan year of January 1, 2019, to December 31, 2019.
- You have until March 15, 2020, to use your FSA savings (which includes the grace period of two months and 15 days).

Access to your individual MyTASC, FSA Account is available at: [www.tasconline.com](http://www.tasconline.com).

City of Abilene offers the Flexible Spending Account (FSA) benefit to employees for both Health Care and Dependent Care Expenses through **Total Administrative Services Corporation (TASC)**. This benefit provides a debit card for health care expenses and offers direct deposit as an option for reimbursement.

## Flexible Spending Accounts include the following two accounts

### Health Care Spending Account

The health care FSA lets employees use pre-tax dollars to pay any medical, dental, or vision care expenses not reimbursed by any other benefit plans. These expenses may include the deductible, coinsurance, or other eligible costs not covered by the medical plan. The maximum yearly contribution is \$2,650.

### Dependent Care Account

The dependent care FSA lets employees use pre-tax dollars to pay for eligible childcare and/or eldercare expenses they incur while they work. If married, both spouses must be employed in order to save in the Dependent Care Account. If married and filing a joint tax return or single and head of household, the maximum yearly contribution is \$5,000. If married and filing separate tax returns, the maximum yearly contribution is \$2,500.

Health Care Account Annual Maximum	\$2,650
Dependent Care Account Annual Maximum	\$5,000 married filing jointly or single and head of household
	\$2,500 married taxpayers filing separate returns

## HOSPITAL INDEMNITY INSURANCE

Unum's Group Hospital Indemnity Insurance can complement your health insurance to help you pay for the costs associated with a hospital stay. It can also provide funds for the out-of-pocket expenses your medical plan may not cover, such as coinsurance, co-pays and deductibles.

### How does it work?

This insurance pays a benefit when you are admitted to the hospital for a covered accident or sickness. You may receive a benefit for the following:

- \$1,500 each covered hospital admission (once per calendar year)

### Monthly Premium

AGE BAND	EMPLOYEE	EMPLOYEE & SPOUSE	EMPLOYEE & CHILD	EMPLOYEE, SPOUSE & CHILD
17 - 49	\$19.09	\$34.12	\$27.13	\$42.16
50 - 59	\$24.60	\$48.94	\$32.64	\$56.98
60 - 64	\$34.49	\$71.80	\$42.53	\$79.84
65 +	\$48.61	\$100.88	\$56.65	\$108.92

### Advantages of the plan

- Coverage is available to all eligible employees who are actively at work.\*
- You can buy coverage for your spouse and dependent children.
- This plan includes convenient payroll deduction, so you don't have to remember to write a check for your premiums.
- Coverage is portable. You may take the coverage with you if you leave the company or retire without having to answer new health questions. Unum will bill you directly.
- Coverage becomes effective on the first day of the month in which payroll deductions begin.

#### Policy provisions

Pre-existing condition Benefits for a pre-existing condition (defined as a sickness or injury, or symptoms of a sickness or injury, whether diagnosed or not, for which you received medical treatment, consultation, care or services, including diagnostic measures, took prescribed drugs or medicine, or had been prescribed drugs or medicine to be taken during the 12 months just prior to your effective date) will not be paid if the date of the covered loss occurs during the first 12 months after your effective date.

Employees must have comprehensive medical coverage before purchasing hospital indemnity insurance.

\*Eligible employees must be actively at work to apply for coverage. Being actively at work means on the day the employee applies for coverage, the individual must be working at one of his/her company's business locations, or the individual must be working at a location where he/she is required to represent the company. If applying for coverage on a day that is not a scheduled workday, the employee will be considered actively at work as of his/her last scheduled workday. Employees are not considered actively at work if they are on a leave of absence.

Employees must be U.S. citizens or legally authorized to work in the U.S. to receive coverage. Spouses and dependents must live in the U.S. to receive coverage.

This information is not intended to be a complete description of the insurance coverage available. The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. For complete details of coverage and availability, please refer to policy form GHI-1, or contact your Unum representative.

THIS IS A LIMITED POLICY

This coverage is a supplement to health insurance. It is not a substitute for comprehensive health insurance and does not qualify as minimum essential health coverage.

Underwritten by: Unum Life Insurance Company of America, Portland, Maine

Unum complies with state civil union and domestic partner laws when applicable.

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**ENROLLMENT DATES: OCTOBER 17 - OCTOBER 26, 2018**

## DENTAL INSURANCE

The City of Abilene offers two dental plans to choose from. Both plans are administered by Aetna. In these plans, you may choose to use any dentists you wish; you will receive a higher level of benefit coverage if you choose a dentist in the Aetna network. You can determine which dentist is in the network, by calling Aetna or using the "Find Care" feature in the Aetna member website detailed on page 4 of this guide.

	LOW PLAN		HIGH PLAN	
	<i>per pay period</i>	<i>monthly</i>	<i>per pay period</i>	<i>monthly</i>
Employee Only	\$6.57	\$13.14	\$11.71	\$23.42
Employee and Spouse	\$13.77	\$27.54	\$23.83	\$47.66
Employee and Child(ren)	\$15.07	\$30.14	\$25.21	\$50.42
Employee and Family	\$22.27	\$44.54	\$35.65	\$71.30

*If your dental treatment is expected to cost \$300 or more, ask your dentist to submit a pre-treatment estimate request to Aetna. A detailed list of the benefits paid under the plan can be found at [www.aetna.com](http://www.aetna.com).*

FEATURE	LOW PLAN	HIGH PLAN
Calendar Year Deductible – For basic and major benefits combined	\$50 calendar year 3 Family Member Maximum	\$50 calendar year 3 Family Member Maximum
Maximum Benefit Per Calendar Year	\$1,000	\$2,000
<b>Preventive Services – Deductible waived</b>		
Oral Examinations <sup>(a)</sup> ; Cleanings <sup>(a)</sup> (Adult/Child); Fluoride <sup>(a)</sup> ; Sealants (permanent molars only); Bitewing Images <sup>(a)</sup> ; Full Mouth Series Images <sup>(a)</sup> ; Space Maintainers <sup>(a)</sup>	100%	100%
<b>Basic Services</b>		
Amalgam (silver) fillings; Composite fillings (anterior teeth only); Stainless steel crowns; Incision and drainage of abscess*; Uncomplicated extractions; Surgical removal of erupted tooth*; Surgical removal of impacted tooth (soft tissue)*; Surgical removal of impacted tooth (partial bony/ full bony)*; General anesthesia/intravenous sedation*	70%	80%
<b>Major Services</b>		
Inlays and onlays; Crown repairs; Root Canal therapy, molar teeth; Scaling and root planing <sup>(a)</sup> ; Osseous surgery <sup>(a)*</sup> ; Crown Lengthening; Gingivectomy*; Full & partial dentures; Pontics; Denture repairs; Crown Build-Ups	50%	50%
Waiting Period	None	None
<b>Orthodontic Services</b>		
Coinurance	50%	50%
Coverage for Adults	No	Yes
Waiting Period	12 months	12 months
Orthodontic Lifetime Maximum Benefit	\$500	\$1,500

\*Certain services may be covered under the Medical Plan. Contact Member Services for more details.

<sup>(a)</sup>Frequency and/or age limitations may apply to these services. These limits are described in the booklet/certificate.

## VISION INSURANCE

The City of Abilene offers vision coverage for you and your eligible dependents through Aetna. The vision plan is a network provider plan; however, it does offer benefits for out-of-network services. When you use a participating doctor or provider, you pay only a copay for most covered services.

*To see the In-Network providers, visit [www.aetnavision.com](http://www.aetnavision.com).*

	EYEMED NETWORK	
	<i>per pay period</i>	<i>monthly</i>
<b>Employee Only</b>	\$2.61	\$5.22
<b>Employee + 1</b>	\$4.96	\$9.92
<b>Employee and Family</b>	\$7.25	\$14.50



SERVICE	IN-NETWORK BENEFITS	OUT-OF-NETWORK REIMBURSEMENT
<b>Exams</b> - Use your Exam coverage once every rolling 12 months		
Routine/Comprehensive Eye Exam	\$10 Copay	\$30 Reimbursement
Standard Contact Lens Fit/Follow-Up	Member pays discounted fee of \$55	Not Covered
Premium Contact Lens Fit/Follow-Up	Member pays 90% of retail	Not Covered
<b>Eyeglass Lenses / Lens options</b> - Use your Lens coverage once every rolling 12 months to purchase either 1 pair of eyeglass lenses OR 1 order of contact lenses		
Standard Plastic Single Vision Lenses	\$25 Copay	\$25 Reimbursement
Standard Plastic Bifocal Vision Lenses	\$25 Copay	\$40 Reimbursement
Standard Plastic Trifocal Vision Lenses	\$25 Copay	\$55 Reimbursement
Standard Plastic Lenticular Vision Lenses	\$25 Copay	\$55 Reimbursement
Standard Progressive Vision Lenses	\$90 Copay	\$40 Reimbursement
Premium Progressive Vision Lenses* (Member pays Bifocal copay plus Tier amount based on brand)	Tier 1 = \$85 Copay Tier 2 = \$95 Copay Tier 3 = \$110 Copay	\$40 Reimbursement
Other Premium Progressive Lenses*	20% discount off retail minus \$120 plan allowance plus \$90 copay = member out of pocket	\$40 Reimbursement
UV Treatment	\$0 Copay	\$15 Reimbursement
Tint (Solid and Gradient)	\$0 Copay	\$15 Reimbursement
Standard Plastic Scratch Coating	\$0 Copay	\$15 Reimbursement
Standard Polycarbonate Lenses - Adult	Member pays discounted fee of \$40	Not Covered
Standard Polycarbonate Lenses - Children To Age 19	\$0 Copay	\$35 Reimbursement
Standard Anti-Reflective Coating	Member pays discounted fee of \$45	Not Covered
Premium Anti-Reflective Coating (Tier amount based on brand)	Tier 1 = \$57 Copay Tier 2 = \$68 Copay Tier 3 = 20% discount off retail	Not Covered
Photochromic/Transitions Plastic	Member pays discounted fee of \$75	Not Covered
Polarized And Other Lens Add Ons	Member pays 80% of retail	Not Covered
<b>Contact Lenses</b> - Use your Lens coverage once every rolling 12 months to purchase either 1 pair of eyeglass lenses OR 1 order of contact lenses		
Conventional Contact Lenses	\$100 Allowance* Additional 15% off balance over allowance	\$80 Reimbursement
Disposable Contact Lenses	\$100 Allowance	\$80 Reimbursement
Medically Necessary Contact Lenses	\$0 Copay	\$200 Reimbursement
<b>Frames</b> - Use your frame coverage once every rolling 24 months		
Any Frame available, including frames for prescription sunglasses	\$100 Allowance* Additional 20% off balance over allowance	\$50 Reimbursement

\*See Summary of Benefits for further details.

## GROUP BASIC LIFE AND AD&D INSURANCE

All active full-time employees enrolled in the employer-sponsored medical plan are eligible for \$5,000 of Group Basic Term Life and Accidental Death and Dismemberment (AD&D) through Dearborn National. The City pays the cost of this benefit.

## GROUP VOLUNTARY TERM LIFE INSURANCE

In addition to your employer-paid term life insurance, you have the opportunity to purchase additional term life insurance on a voluntary basis through Dearborn National. You may purchase in increments of \$10,000 to a maximum of \$500,000. Late enrollees, incremental increases of over \$10,000, and purchases in excess of \$100,000 are subject to Evidence of Insurability (EOI) approval by Dearborn National.

If you are enrolled in the voluntary term life insurance, you have the opportunity to purchase life insurance for your spouse and child(ren). Spousal benefits are available in \$10,000 increments to a maximum of \$500,000. Late enrollees and purchases in excess of \$20,000 are subject to EOI approval by Dearborn National. Child benefits are available in the amounts of \$5,000 or \$10,000 for children age six months to 26 years old. The benefit for children from birth to six months is \$1,000.

**ENROLLMENT DATES: OCTOBER 17 - OCTOBER 26, 2018**



Group Voluntary Term Life Coverage for spouse and children cannot exceed that of the employee. Your individual cost varies depending on coverage amount selected; your Benefits Educator will provide you with the costs per pay period. There is a benefit reduction for this coverage when you turn age 70 to 65% of the amount of the coverage and to 50% at age 75. IRS regulations require the value of basic and supplemental life insurance benefits over \$50,000 (if any) be reported as "imputed income" - non-cash income that you receive from an employer-provided benefit.

### *Dearborn National Employee and Spouse Voluntary Bi-Weekly Life Rates*

COVERAGE	COST	COVERAGE	COST	COVERAGE	COST
\$10,000	\$1.55	\$180,000	\$27.90	\$350,000	\$54.25
\$20,000	\$3.10	\$190,000	\$29.45	\$360,000	\$55.80
\$30,000	\$4.65	\$200,000	\$31.00	\$370,000	\$57.35
\$40,000	\$6.20	\$210,000	\$32.55	\$380,000	\$58.90
\$50,000	\$7.75	\$220,000	\$34.10	\$390,000	\$60.45
\$60,000	\$9.30	\$230,000	\$35.65	\$400,000	\$62.00
\$70,000	\$10.85	\$240,000	\$37.20	\$410,000	\$63.55
\$80,000	\$12.40	\$250,000	\$38.75	\$420,000	\$65.10
\$90,000	\$13.95	\$260,000	\$40.30	\$430,000	\$66.65
\$100,000	\$15.50	\$270,000	\$41.85	\$440,000	\$68.20
\$110,000	\$17.05	\$280,000	\$43.40	\$450,000	\$69.75
\$120,000	\$18.60	\$290,000	\$44.95	\$460,000	\$71.30
\$130,000	\$20.15	\$300,000	\$46.50	\$470,000	\$72.85
\$140,000	\$21.70	\$310,000	\$48.05	\$480,000	\$74.40
\$150,000	\$23.25	\$320,000	\$49.60	\$490,000	\$75.95
\$160,000	\$24.80	\$330,000	\$51.15	\$500,000	\$77.50
\$170,000	\$26.35	\$340,000	\$52.70		

### *Dearborn National Child Voluntary Bi-Weekly Life Rates*

COVERAGE	COST
\$5,000	\$0.50
\$10,000	\$1.00

### *Dearborn National Voluntary Accidental Death & Dismemberment Bi-Weekly Rates*

COVERAGE	EMPLOYEE	FAMILY	COVERAGE	EMPLOYEE	FAMILY	COVERAGE	EMPLOYEE	FAMILY
\$10,000	\$0.18	\$0.30	\$180,000	\$3.15	\$5.40	\$350,000	\$6.13	\$10.50
\$20,000	\$0.35	\$0.60	\$190,000	\$3.33	\$5.70	\$360,000	\$6.30	\$10.80
\$30,000	\$0.53	\$0.90	\$200,000	\$3.50	\$6.00	\$370,000	\$6.48	\$11.10
\$40,000	\$0.70	\$1.20	\$210,000	\$3.68	\$6.30	\$380,000	\$6.65	\$11.40
\$50,000	\$0.88	\$1.50	\$220,000	\$3.85	\$6.60	\$390,000	\$6.83	\$11.70
\$60,000	\$1.05	\$1.80	\$230,000	\$4.03	\$6.90	\$400,000	\$7.00	\$12.00
\$70,000	\$1.23	\$2.10	\$240,000	\$4.20	\$7.20	\$410,000	\$7.18	\$12.30
\$80,000	\$1.40	\$2.40	\$250,000	\$4.38	\$7.50	\$420,000	\$7.35	\$12.60
\$90,000	\$1.58	\$2.70	\$260,000	\$4.55	\$7.80	\$430,000	\$7.53	\$12.90
\$100,000	\$1.75	\$3.00	\$270,000	\$4.73	\$8.10	\$440,000	\$7.70	\$13.20
\$110,000	\$1.93	\$3.30	\$280,000	\$4.90	\$8.40	\$450,000	\$7.88	\$13.50
\$120,000	\$2.10	\$3.60	\$290,000	\$5.08	\$8.70	\$460,000	\$8.05	\$13.80
\$130,000	\$2.28	\$3.90	\$300,000	\$5.25	\$9.00	\$470,000	\$8.23	\$14.10
\$140,000	\$2.45	\$4.20	\$310,000	\$5.43	\$9.30	\$480,000	\$8.40	\$14.40
\$150,000	\$2.63	\$4.50	\$320,000	\$5.60	\$9.60	\$490,000	\$8.58	\$14.70
\$160,000	\$2.80	\$4.80	\$330,000	\$5.78	\$9.90	\$500,000	\$8.75	\$15.00
\$170,000	\$2.98	\$5.10	\$340,000	\$5.95	\$10.20			

## ***GROUP VOLUNTARY ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) INSURANCE***

All part-time and full-time active employees are eligible to elect Voluntary AD&D insurance. This coverage provides an additional benefit in the event of accidental death and dismemberment. Benefits are available in \$10,000 increments to a maximum of \$500,000. Amounts in excess of \$150,000 are limited to 10 times annual salary. Available options include Employee Only or Employee and Family coverage. Voluntary AD&D coverage reduces to 65% at age 70; to 40% at age 75; to 25% at age 80; to 15% at age 85; and to 10% at age 90.

## ***WHOLE LIFE INSURANCE***

Unum's Whole Life Insurance is designed to pay a death benefit to your beneficiaries, but it can also gain cash value you can use while you are living. This benefit offers an affordable, guaranteed level of premium that won't increase due to age. Unlike term life insurance offered through the workplace, this coverage can continue into retirement.

### ***Advantages of the Plan***

- Coverage is available to eligible employees age 15 to 80 who are actively at work.\*
- You can buy coverage for your spouse and dependent children.
- The policy accumulates cash value at a guaranteed rate of 4.5%.\*\* Once your cash value builds to a certain level, you can borrow from the cash value or use it to buy a smaller "paid-up" policy with no more premiums due.
- You get affordable rates when you buy this policy through your employer, and it is paid for through convenient payroll deduction.
- You own the policy so you can keep this coverage if you leave the company or retire. Unum will bill you directly.
- Coverage becomes effective on the first day of the month in which payroll deductions begin.
- During enrollment, you may be able to get this insurance up to a specified amount without taking a medical exam. You may be asked a few health questions.

### ***Who Can Get Coverage?***

**There are two life coverage options available for your spouse. You may purchase an individual policy or a Spouse Term Life benefit.**

- Individual spouse coverage — Can be purchased without purchasing employee coverage. The minimum policy amount is \$2,000. The actual benefit amount is based on the coverage amount chosen and age at issue. If you leave your employer, you can keep your spouse's policy and be billed directly at home.
- Spouse Term Life benefit — Employees must purchase coverage to add this Spouse Term Life benefit. Coverage is available from \$5,000 to \$25,000 and lasts for 20 years. This coverage amount cannot exceed the employee base coverage amount. This benefit is not available if you purchase individual coverage for your spouse and will be cancelled if employee coverage is cancelled.

**There are two life coverage options available for your children. You may purchase an individual policy, a Child Term Life benefit or both.**

- Individual child coverage — Can be purchased without purchasing employee or spouse coverage. Each policy covers one child or grandchild; you can purchase coverage for each of your children/grandchildren. Coverage is available up to \$50,000 — benefit amounts are based on issue age and premium selected. Your children can keep it, even if you leave your employer.
- Child Term Life benefit — Employees must purchase coverage to add the Child Term Life benefit. Each policy covers all eligible children. Coverage is available from \$1,000 to \$10,000 and ends when your policy ends or when the last child turns 25. At that time, children are guaranteed the right to buy an individual whole life policy at five times the amount of their rider. Coverage will be cancelled if employee coverage is cancelled.

### ***Additional coverage options***

- An additional 50% Term Life coverage option may be available for purchase. This is an affordable way to increase your coverage by 50% of your base policy amount. The option lasts for 20 years. For example, if you purchase a \$25,000 whole life policy, you can get an additional \$12,500 (or 50%) of Term Life coverage for 20 years.
- Available for employees age 15 to 65.
- Adding this benefit will increase the cost of coverage.
- An Accidental Death Benefit can be added to this coverage. This feature can double the Life benefit amount if you die due to a covered accident before age 70.
- Available for employee and spouse age 15 to 65.
- Maximum additional benefit amount is \$150,000.
- Adding this benefit will increase the cost of coverage.
- Living Benefit Option Rider — Automatically included at no extra charge on this policy is a Living Benefit Option Rider. You can request up to 100% of the death benefit amount (to a maximum of \$150,000) if you are diagnosed with a medical condition that limits life expectancy to 12 months or less. Any payout you receive while you are living would reduce the amount of the benefit that would be paid to your beneficiaries when you die.

## Monthly Premiums

Some rates and costs listed below may be applicable only to certain quotes and/or classes. Please see the “Plan Description” section of your Benefits Summary for specific plan details. Premium illustrates base product premium only; optional rider premium is in addition to base premium.

The guaranteed interest rate is 4.5%. Surrender value will be reduced by any outstanding loans.

EMPLOYEE & SPOUSE VOLUME PURCHASE PAID UP AGE 120 / CASH VALUE AT 65									
MONTHLY PREMIUMS BASED ON A VOLUME PURCHASE OF \$10,000					MONTHLY PREMIUMS BASED ON A VOLUME PURCHASE OF \$40,000				
	Non-Tobacco		Tobacco			Non-Tobacco		Tobacco	
Issue Age	Premium	Cash Value	Premium	Cash Value	Issue Age	Premium	Cash Value	Premium	Cash Value
15	N/A	N/A	N/A	N/A	15	\$22.41	\$16,691	\$36.71	\$19,033
20	N/A	N/A	N/A	N/A	20	\$24.79	\$16,273	\$43.12	\$18,525
25	N/A	N/A	N/A	N/A	25	\$29.04	\$15,743	\$50.62	\$17,897
30	N/A	N/A	\$14.74	\$4,274	30	\$35.67	\$15,060	\$58.94	\$17,096
35	N/A	N/A	\$18.42	\$4,009	35	\$44.64	\$14,161	\$73.54	\$16,036
40	\$14.35	\$3,245	\$23.92	\$3,660	40	\$57.33	\$12,982	\$95.68	\$14,638
45	\$18.72	\$2,856	\$31.72	\$3,197	45	\$74.84	\$11,424	\$126.84	\$12,788
50	\$25.27	\$2,340	\$41.82	\$2,587	50	\$100.93	\$9,360	\$167.14	\$10,347
55	\$35.75	\$1,645	\$59.59	\$1,776	55	\$142.87	\$6,582	\$238.34	\$7,104
60	\$49.84	\$1,963	\$81.12	\$2,024	60	\$199.34	\$7,851	\$324.35	\$8,096
MONTHLY PREMIUMS BASED ON A VOLUME PURCHASE OF \$20,000					MONTHLY PREMIUMS BASED ON A VOLUME PURCHASE OF \$50,000				
	Non-Tobacco		Tobacco			Non-Tobacco		Tobacco	
Issue Age	Premium	Cash Value	Premium	Cash Value	Issue Age	Premium	Cash Value	Premium	Cash Value
15	N/A	N/A	\$18.38	\$9,516	15	\$28.04	\$20,864	\$45.89	\$23,791
20	N/A	N/A	\$21.58	\$9,262	20	\$30.99	\$20,341	\$53.91	\$23,156
25	\$14.52	\$7,872	\$25.31	\$8,949	25	\$36.32	\$19,679	\$63.27	\$22,372
30	\$17.86	\$7,530	\$29.47	\$8,548	30	\$44.55	\$18,824	\$73.67	\$21,370
35	\$22.32	\$7,080	\$36.79	\$8,018	35	\$55.82	\$17,701	\$91.96	\$20,046
40	\$28.69	\$6,491	\$47.84	\$7,319	40	\$71.63	\$16,227	\$119.60	\$18,298
45	\$37.44	\$5,712	\$63.40	\$6,394	45	\$93.56	\$14,280	\$158.52	\$15,986
50	\$50.49	\$4,680	\$83.59	\$5,174	50	\$126.15	\$11,700	\$208.96	\$12,934
55	\$71.46	\$3,291	\$119.17	\$3,552	55	\$178.62	\$8,227	\$297.92	\$8,881
60	\$99.67	\$3,925	\$162.20	\$4,048	60	\$249.17	\$9,814	\$405.43	\$10,121
MONTHLY PREMIUMS BASED ON A VOLUME PURCHASE OF \$30,000					MONTHLY PREMIUMS BASED ON A VOLUME PURCHASE OF \$100,000				
	Non-Tobacco		Tobacco			Non-Tobacco		Tobacco	
Issue Age	Premium	Cash Value	Premium	Cash Value	Issue Age	Premium	Cash Value	Premium	Cash Value
15	\$16.82	\$12,518	\$27.56	\$14,275	15	\$56.03	\$41,727	\$91.78	\$47,582
20	\$18.59	\$12,205	\$32.33	\$13,894	20	\$61.93	\$40,682	\$107.77	\$46,312
25	\$21.80	\$11,807	\$37.96	\$13,423	25	\$72.59	\$39,358	\$126.54	\$44,743
30	\$26.74	\$11,295	\$44.20	\$12,822	30	\$89.10	\$37,649	\$147.34	\$42,739
35	\$33.50	\$10,621	\$55.17	\$12,027	35	\$111.59	\$35,402	\$183.87	\$40,091
40	\$42.99	\$9,736	\$71.76	\$10,979	40	\$143.26	\$32,454	\$239.20	\$36,595
45	\$56.16	\$8,568	\$95.12	\$9,591	45	\$187.12	\$28,561	\$317.03	\$31,971
50	\$75.71	\$7,020	\$125.37	\$7,760	50	\$252.29	\$23,399	\$417.87	\$25,868
55	\$107.17	\$4,936	\$178.75	\$5,328	55	\$357.20	\$16,454	\$595.84	\$17,761
60	\$149.50	\$5,888	\$243.28	\$6,072	60	\$498.34	\$19,627	\$810.86	\$20,241



**EMPLOYEE & SPOUSE VOLUME PURCHASE  
PAID UP AGE 70 / CASH VALUE AT 65**

MONTHLY PREMIUMS BASED ON A VOLUME PURCHASE OF \$10,000				
	Non-Tobacco		Tobacco	
Issue Age	Premium	Cash Value	Premium	Cash Value
15	N/A	N/A	N/A	N/A
20	N/A	N/A	N/A	N/A
25	N/A	N/A	\$14.30	\$4,972
30	N/A	N/A	\$16.77	\$4,881
35	\$13.48	\$4,227	\$21.19	\$4,757
40	\$17.77	\$4,088	\$28.21	\$4,583
45	\$24.14	\$3,886	\$38.48	\$4,334
50	\$34.32	\$3,578	\$52.74	\$3,962
55	N/A	N/A	N/A	N/A
60	N/A	N/A	N/A	N/A
MONTHLY PREMIUMS BASED ON A VOLUME PURCHASE OF \$20,000				
	Non-Tobacco		Tobacco	
Issue Age	Premium	Cash Value	Premium	Cash Value
15	\$13.00	\$8,988	\$20.59	\$10,193
20	\$14.39	\$8,905	\$24.14	\$10,083
25	\$17.03	\$8,797	\$28.56	\$9,945
30	\$21.11	\$8,652	\$33.54	\$9,763
35	\$26.91	\$8,453	\$42.38	\$9,513
40	\$35.54	\$8,175	\$56.42	\$9,166
45	\$48.28	\$7,773	\$77.01	\$8,669
50	\$68.64	\$7,157	\$105.48	\$7,923
55	N/A	N/A	N/A	N/A
60	N/A	N/A	N/A	N/A
MONTHLY PREMIUMS BASED ON A VOLUME PURCHASE OF \$30,000				
	Non-Tobacco		Tobacco	
Issue Age	Premium	Cash Value	Premium	Cash Value
15	\$19.50	\$13,482	\$30.86	\$15,290
20	\$21.54	\$13,358	\$36.23	\$15,125
25	\$25.57	\$13,195	\$42.86	\$14,917
30	\$31.68	\$12,978	\$50.31	\$14,644
35	\$40.39	\$12,680	\$63.62	\$14,270
40	\$53.30	\$12,263	\$84.63	\$13,749
45	\$72.41	\$11,659	\$115.49	\$13,003
50	\$102.96	\$10,735	\$158.21	\$11,885
55	N/A	N/A	N/A	N/A
60	N/A	N/A	N/A	N/A

MONTHLY PREMIUMS BASED ON A VOLUME PURCHASE OF \$40,000				
	Non-Tobacco		Tobacco	
Issue Age	Premium	Cash Value	Premium	Cash Value
15	\$26.00	\$17,976	\$41.13	\$20,386
20	\$28.73	\$17,810	\$48.28	\$20,167
25	\$34.11	\$17,594	\$57.12	\$19,889
30	\$42.21	\$17,304	\$67.08	\$19,525
35	\$53.82	\$16,907	\$84.81	\$19,026
40	\$71.07	\$16,351	\$112.80	\$18,332
45	\$96.55	\$15,545	\$153.97	\$17,337
50	\$137.24	\$14,314	\$210.91	\$15,846
55	N/A	N/A	N/A	N/A
60	N/A	N/A	N/A	N/A
MONTHLY PREMIUMS BASED ON A VOLUME PURCHASE OF \$50,000				
	Non-Tobacco		Tobacco	
Issue Age	Premium	Cash Value	Premium	Cash Value
15	\$32.50	\$22,470	\$51.40	\$25,483
20	\$35.88	\$22,262	\$60.37	\$25,209
25	\$42.60	\$21,992	\$71.42	\$24,862
30	\$52.78	\$21,630	\$83.85	\$24,407
35	\$67.26	\$21,134	\$106.00	\$23,783
40	\$88.84	\$20,438	\$141.01	\$22,915
45	\$120.69	\$19,432	\$192.45	\$21,672
50	\$171.56	\$17,892	\$263.64	\$19,808
55	N/A	N/A	N/A	N/A
60	N/A	N/A	N/A	N/A
MONTHLY PREMIUMS BASED ON A VOLUME PURCHASE OF \$100,000				
	Non-Tobacco		Tobacco	
Issue Age	Premium	Cash Value	Premium	Cash Value
15	\$65.00	\$44,941	\$102.79	\$50,966
20	\$71.76	\$44,525	\$120.69	\$50,417
25	\$85.20	\$43,984	\$142.79	\$49,723
30	\$105.52	\$43,261	\$167.70	\$48,813
35	\$134.51	\$42,267	\$211.95	\$47,566
40	\$177.67	\$40,877	\$282.02	\$45,830
45	\$241.37	\$38,863	\$384.85	\$43,343
50	\$343.12	\$35,784	\$527.28	\$39,616
55	N/A	N/A	N/A	N/A
60	N/A	N/A	N/A	N/A

**ENROLLMENT DATES: OCTOBER 17 - OCTOBER 26, 2018**

**CHILD VOLUME PURCHASE  
PAID UP AGE 70 / CASH VALUE AT 65**

CHILD MONTHLY PREMIUMS BASED ON A VOLUME PURCHASE OF \$5,000		
	Uni-Tobacco	
Issue Age	Premium	Cash Value
0	N/A	N/A
1	N/A	N/A
2	N/A	N/A
3	N/A	N/A
4	N/A	N/A
5	N/A	N/A
10	N/A	N/A
15	N/A	N/A
26	\$5.59	\$2,220

CHILD MONTHLY PREMIUMS BASED ON A VOLUME PURCHASE OF \$10,000		
	Uni-Tobacco	
Issue Age	Premium	Cash Value
0	\$5.81	\$4,637
1	\$5.85	\$4,634
2	\$5.85	\$4,630
3	\$5.94	\$4,626
4	\$6.03	\$4,621
5	\$6.16	\$4,616
10	\$7.02	\$4,588
15	\$8.24	\$4,552
26	\$11.14	\$4,439

**EMPLOYEE TERM RIDER  
PAID UP AGE 120 FOR BASE - 20 YEAR TERM FOR RIDER**

EMPLOYEE TERM RIDER MONTHLY PREMIUMS BASED ON A VOLUME PURCHASE OF \$5,000		
	Non-Tobacco	Tobacco
Issue Age	Term Premium	Term Premium
15	N/A	N/A
20	N/A	N/A
25	N/A	N/A
30	N/A	\$2.10
35	N/A	\$2.68
40	\$2.42	\$3.48
45	\$3.25	\$4.61
50	\$4.31	\$6.08
55	\$6.18	\$8.67
60	\$8.63	\$11.79

EMPLOYEE TERM RIDER MONTHLY PREMIUMS BASED ON A VOLUME PURCHASE OF \$10,000		
	Non-Tobacco	Tobacco
Issue Age	Term Premium	Term Premium
15	N/A	\$2.55
20	N/A	\$2.76
25	\$2.24	\$3.41
30	\$2.82	\$4.19
35	\$3.67	\$5.35
40	\$4.83	\$6.96
45	\$6.49	\$9.22
50	\$8.62	\$12.15
55	\$12.37	\$17.33
60	\$17.26	\$23.58

EMPLOYEE TERM RIDER MONTHLY PREMIUMS BASED ON A VOLUME PURCHASE OF \$15,000		
	Non-Tobacco	Tobacco
Issue Age	Premium	Premium
15	\$2.58	\$3.83
20	\$2.73	\$4.14
25	\$3.36	\$5.11
30	\$4.23	\$6.29
35	\$5.50	\$8.03
40	\$7.25	\$10.44
45	\$9.74	\$13.83
50	\$12.93	\$18.23
55	\$18.55	\$26.00
60	\$25.89	\$35.38

EMPLOYEE TERM RIDER MONTHLY PREMIUMS BASED ON A VOLUME PURCHASE OF \$20,000		
	Non-Tobacco	Tobacco
Issue Age	Premium	Premium
15	\$3.43	\$5.10
20	\$3.63	\$5.52
25	\$4.48	\$6.82
30	\$5.63	\$8.38
35	\$7.33	\$10.70
40	\$9.67	\$13.92
45	\$12.98	\$18.43
50	\$17.23	\$24.30
55	\$24.73	\$34.67
60	\$34.52	\$47.17

**EMPLOYEE TERM RIDER MONTHLY PREMIUMS  
BASED ON A VOLUME PURCHASE OF \$25,000**

	Non-Tobacco	Tobacco
Issue Age	Premium	Premium
15	\$4.29	\$6.38
20	\$4.54	\$6.90
25	\$5.60	\$8.52
30	\$7.04	\$10.48
35	\$9.17	\$13.38
40	\$12.08	\$17.40
45	\$16.23	\$23.04
50	\$21.54	\$30.38
55	\$30.92	\$43.33
60	\$43.15	\$58.96

**EMPLOYEE TERM RIDER MONTHLY PREMIUMS  
BASED ON A VOLUME PURCHASE OF \$50,000**

	Non-Tobacco	Tobacco
Issue Age	Premium	Premium
15	\$8.58	\$12.75
20	\$9.08	\$13.79
25	\$11.21	\$17.04
30	\$14.08	\$20.96
35	\$18.33	\$26.75
40	\$24.17	\$34.79
45	\$32.46	\$46.08
50	\$43.08	\$60.75
55	\$61.83	\$86.67
60	\$86.29	\$117.92

**EMPLOYEE TERM RIDER  
PAID UP AGE 70 FOR BASE - 20 YEAR TERM FOR RIDER**
**EMPLOYEE TERM RIDER MONTHLY PREMIUMS  
BASED ON A VOLUME PURCHASE OF \$5,000**

	Non-Tobacco	Tobacco
Issue Age	Term Premium	Term Premium
15	N/A	N/A
20	N/A	N/A
25	N/A	\$1.70
30	N/A	\$2.10
35	\$1.83	\$2.68
40	\$2.42	\$3.48
45	\$3.25	\$4.61
50	\$4.31	\$6.08
55	N/A	N/A
60	N/A	N/A

**EMPLOYEE TERM RIDER MONTHLY PREMIUMS  
BASED ON A VOLUME PURCHASE OF \$10,000**

	Non-Tobacco	Tobacco
Issue Age	Term Premium	Term Premium
15	\$1.72	\$2.55
20	\$1.82	\$2.76
25	\$2.24	\$3.41
30	\$2.82	\$4.19
35	\$3.67	\$5.35
40	\$4.83	\$6.96
45	\$6.49	\$9.22
50	\$8.62	\$12.15
55	N/A	N/A
60	N/A	N/A

**EMPLOYEE TERM RIDER MONTHLY PREMIUMS  
BASED ON A VOLUME PURCHASE OF \$15,000**

	Non-Tobacco	Tobacco
Issue Age	Premium	Premium
15	\$2.58	\$3.83
20	\$2.73	\$4.14
25	\$3.36	\$5.11
30	\$4.23	\$6.29
35	\$5.50	\$8.03
40	\$7.25	\$10.44
45	\$9.74	\$13.83
50	\$12.93	\$18.23
55	N/A	N/A
60	N/A	N/A

**EMPLOYEE TERM RIDER MONTHLY PREMIUMS  
BASED ON A VOLUME PURCHASE OF \$20,000**

	Non-Tobacco	Tobacco
Issue Age	Premium	Premium
15	\$3.43	\$5.10
20	\$3.63	\$5.52
25	\$4.48	\$6.82
30	\$5.63	\$8.38
35	\$7.33	\$10.70
40	\$9.67	\$13.92
45	\$12.98	\$18.43
50	\$17.23	\$24.30
55	N/A	N/A
60	N/A	N/A

**ENROLLMENT DATES: OCTOBER 17 - OCTOBER 26, 2018**



**EMPLOYEE TERM RIDER MONTHLY PREMIUMS  
BASED ON A VOLUME PURCHASE OF \$25,000**

	Non-Tobacco	Tobacco
Issue Age	Premium	Premium
15	\$4.29	\$6.38
20	\$4.54	\$6.90
25	\$5.60	\$8.52
30	\$7.04	\$10.48
35	\$9.17	\$13.38
40	\$12.08	\$17.40
45	\$16.23	\$23.04
50	\$21.54	\$30.38
55	N/A	N/A
60	N/A	N/A

**EMPLOYEE TERM RIDER MONTHLY PREMIUMS  
BASED ON A VOLUME PURCHASE OF \$50,000**

	Non-Tobacco	Tobacco
Issue Age	Premium	Premium
15	\$8.58	\$12.75
20	\$9.08	\$13.79
25	\$11.21	\$17.04
30	\$14.08	\$20.96
35	\$18.33	\$26.75
40	\$24.17	\$34.79
45	\$32.46	\$46.08
50	\$43.08	\$60.75
55	N/A	N/A
60	N/A	N/A

**ACCIDENTAL DEATH BENEFIT (ADB) RIDER  
PAID UP AGE 120****MONTHLY PREMIUMS BASED ON A VOLUME PURCHASE OF \$10,000**

	Non-Tobacco	Tobacco
Issue Age	ADB	ADB
15	N/A	N/A
20	N/A	N/A
25	N/A	N/A
30	N/A	\$0.80
35	N/A	\$0.80
40	\$0.80	\$0.80
45	\$0.80	\$0.80
50	\$0.80	\$0.80
55	\$0.80	\$0.80
60	\$0.80	\$0.80

**MONTHLY PREMIUMS BASED ON A VOLUME PURCHASE OF \$20,000**

	Non-Tobacco	Tobacco
Issue Age	Term Premium	Term Premium
15	N/A	\$1.60
20	N/A	\$1.60
25	\$1.60	\$1.60
30	\$1.60	\$1.60
35	\$1.60	\$1.60
40	\$1.60	\$1.60
45	\$1.60	\$1.60
50	\$1.60	\$1.60
55	\$1.60	\$1.60
60	\$1.60	\$1.60

**MONTHLY PREMIUMS BASED ON A VOLUME PURCHASE OF \$30,000**

	Non-Tobacco	Tobacco
Issue Age	Premium	Premium
15	\$2.40	\$2.40
20	\$2.40	\$2.40
25	\$2.40	\$2.40
30	\$2.40	\$2.40
35	\$2.40	\$2.40
40	\$2.40	\$2.40
45	\$2.40	\$2.40
50	\$2.40	\$2.40
55	\$2.40	\$2.40
60	\$2.40	\$2.40

**MONTHLY PREMIUMS BASED ON A VOLUME PURCHASE OF \$40,000**

	Non-Tobacco	Tobacco
Issue Age	Premium	Premium
15	\$3.20	\$3.20
20	\$3.20	\$3.20
25	\$3.20	\$3.20
30	\$3.20	\$3.20
35	\$3.20	\$3.20
40	\$3.20	\$3.20
45	\$3.20	\$3.20
50	\$3.20	\$3.20
55	\$3.20	\$3.20
60	\$3.20	\$3.20

MONTHLY PREMIUMS BASED ON A VOLUME PURCHASE OF \$50,000		
	Non-Tobacco	Tobacco
Issue Age	Premium	Premium
15	\$4.00	\$4.00
20	\$4.00	\$4.00
25	\$4.00	\$4.00
30	\$4.00	\$4.00
35	\$4.00	\$4.00
40	\$4.00	\$4.00
45	\$4.00	\$4.00
50	\$4.00	\$4.00
55	\$4.00	\$4.00
60	\$4.00	\$4.00

MONTHLY PREMIUMS BASED ON A VOLUME PURCHASE OF \$100,000		
	Non-Tobacco	Tobacco
Issue Age	Premium	Premium
15	\$8.00	\$8.00
20	\$8.00	\$8.00
25	\$8.00	\$8.00
30	\$8.00	\$8.00
35	\$8.00	\$8.00
40	\$8.00	\$8.00
45	\$8.00	\$8.00
50	\$8.00	\$8.00
55	\$8.00	\$8.00
60	\$8.00	\$8.00

**ACCIDENTAL DEATH BENEFIT (ADB) RIDER  
PAID UP AGE 70**

MONTHLY PREMIUMS BASED ON A VOLUME PURCHASE OF \$10,000		
	Non-Tobacco	Tobacco
Issue Age	ADB	ADB
15	N/A	N/A
20	N/A	N/A
25	N/A	\$0.80
30	N/A	\$0.80
35	\$0.80	\$0.80
40	\$0.80	\$0.80
45	\$0.80	\$0.80
50	\$0.80	\$0.80
55	N/A	N/A
60	N/A	N/A

MONTHLY PREMIUMS BASED ON A VOLUME PURCHASE OF \$30,000		
	Non-Tobacco	Tobacco
Issue Age	Premium	Premium
15	\$2.40	\$2.40
20	\$2.40	\$2.40
25	\$2.40	\$2.40
30	\$2.40	\$2.40
35	\$2.40	\$2.40
40	\$2.40	\$2.40
45	\$2.40	\$2.40
50	\$2.40	\$2.40
55	N/A	N/A
60	N/A	N/A

MONTHLY PREMIUMS BASED ON A VOLUME PURCHASE OF \$20,000		
	Non-Tobacco	Tobacco
Issue Age	Term Premium	Term Premium
15	\$1.60	\$1.60
20	\$1.60	\$1.60
25	\$1.60	\$1.60
30	\$1.60	\$1.60
35	\$1.60	\$1.60
40	\$1.60	\$1.60
45	\$1.60	\$1.60
50	\$1.60	\$1.60
55	N/A	N/A
60	N/A	N/A

MONTHLY PREMIUMS BASED ON A VOLUME PURCHASE OF \$40,000		
	Non-Tobacco	Tobacco
Issue Age	Premium	Premium
15	\$3.20	\$3.20
20	\$3.20	\$3.20
25	\$3.20	\$3.20
30	\$3.20	\$3.20
35	\$3.20	\$3.20
40	\$3.20	\$3.20
45	\$3.20	\$3.20
50	\$3.20	\$3.20
55	N/A	N/A
60	N/A	N/A

**ENROLLMENT DATES: OCTOBER 17 - OCTOBER 26, 2018**

MONTHLY PREMIUMS BASED ON A VOLUME PURCHASE OF \$50,000		
	Non-Tobacco	Tobacco
Issue Age	Premium	Premium
15	\$4.00	\$4.00
20	\$4.00	\$4.00
25	\$4.00	\$4.00
30	\$4.00	\$4.00
35	\$4.00	\$4.00
40	\$4.00	\$4.00
45	\$4.00	\$4.00
50	\$4.00	\$4.00
55	N/A	N/A
60	N/A	N/A

MONTHLY PREMIUMS BASED ON A VOLUME PURCHASE OF \$100,000		
	Non-Tobacco	Tobacco
Issue Age	Premium	Premium
15	\$8.00	\$8.00
20	\$8.00	\$8.00
25	\$8.00	\$8.00
30	\$8.00	\$8.00
35	\$8.00	\$8.00
40	\$8.00	\$8.00
45	\$8.00	\$8.00
50	\$8.00	\$8.00
55	N/A	N/A
60	N/A	N/A

\*Eligible employees must be actively at work to apply for coverage. Being actively at work means on the day the employee applies for coverage, the individual must be working at one of his/her company's business locations, or the individual must be working at a location where he/she is required to represent the company. If applying for coverage on a day that is not a scheduled workday, the employee will be considered actively at work as of his/her last scheduled workday. Employees are not considered actively at work if they are on a leave of absence.

\*\*The policy accumulates cash value based on a non-forfeiture interest rate of 4.5% and the 2001 CSO mortality table. The cash value is guaranteed and will be equal to the values shown in the policy. Cash value will be reduced by any outstanding loans against the policy.

Employees must be U.S. citizens or legally authorized to work in the U.S. to receive coverage. Spouses and dependents must live in the U.S. to receive coverage.

This information is not intended to be a complete description of the insurance coverage available. The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. For complete details of coverage and availability, please refer to policy form L-21848 or contact your Unum representative.

Unum complies with state civil union and domestic partner laws when applicable.

Underwritten by: Provident Life and Accident Insurance Company, Chattanooga, Tennessee

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EN-1741 (03-14)

## GROUP CRITICAL ILLNESS INSURANCE

Unum's group critical illness insurance can help protect your finances from the expense of a serious health problem, such as a stroke or heart attack. Cancer coverage is also available. This plan pays a lump sum benefit directly to you – not to a doctor or health care provider – at the first diagnosis of a covered condition.

### What is Covered?

The following specified critical illnesses are covered under the base plan:

- Heart attack
- Blindness
- Major organ failure
- End-stage renal (kidney) failure
- Occupational HIV
- Coronary artery bypass surgery (pays 25% of lump sum benefit)
- Benign brain tumor

- Stroke (evidence of persistent neurological deficits confirmed at least 30 days after the event)
- Coma (resulting from severe injury lasting 14 consecutive days or more)
- Permanent paralysis (complete and permanent loss of the use of two or more limbs for a continuous 90 days as a result of a covered accident)

You may choose to select these benefits for an additional premium:

- Cancer
- Carcinoma in situ<sup>1</sup> (pays 25% of the lump sum benefit)

Please refer to the policy for complete details about these covered conditions.

### Advantages of the Plan

- Coverage is available to eligible employees who are actively at work.\*
- You can buy coverage for your spouse and dependent children.
- All eligible children are automatically covered at 25% of the employee benefit amount at no additional cost. Eligible children are covered for the same conditions as the employee and the following specific childhood conditions: cerebral palsy, cleft lip or palate, cystic fibrosis, Down syndrome and spina bifida. Diagnosis must occur after the child's coverage effective date.
- You can use this coverage more than once. If you receive a full benefit payout for a covered illness, your coverage can be continued for the remaining covered conditions. The diagnosis of a new covered illness must occur at least 90 days after the most recent diagnosis. Each condition is payable once per lifetime.
- You get affordable rates when you buy this policy through your employer, and the premiums are conveniently deducted from your paycheck.
- You own the policy, so you can keep this coverage if you change jobs or retire. Unum will bill you directly for the same premium amount.
- Coverage becomes effective on the first day of the month in which payroll deductions begin.

FOR MORE INFORMATION: [WWW.CITYOFABILENEBENEFITS.COM](http://WWW.CITYOFABILENEBENEFITS.COM)



**Monthly Premium**

WITHOUT CANCER MONTHLY RATES PER \$1,000			WITH CANCER MONTHLY RATES PER \$1,000		
ISSUE AGE	NON-TOBACCO	TOBACCO	ISSUE AGE	NON-TOBACCO	TOBACCO
< 25	\$0.38	\$0.55	< 25	\$0.62	\$0.94
25 - 29	\$0.39	\$0.64	25 - 29	\$0.69	\$1.14
30 - 34	\$0.53	\$0.97	30 - 34	\$0.96	\$1.71
35 - 39	\$0.72	\$1.42	35 - 39	\$1.33	\$2.56
40 - 44	\$1.06	\$2.17	40 - 44	\$1.91	\$3.82
45 - 49	\$1.44	\$2.98	45 - 49	\$2.68	\$5.37
50 - 54	\$1.93	\$3.91	50 - 54	\$3.59	\$7.29
55 - 59	\$2.60	\$5.01	55 - 59	\$4.81	\$9.44
60 - 64	\$3.45	\$6.41	60 - 64	\$6.16	\$11.31
65 - 69	\$4.18	\$6.98	65 - 69	\$7.16	\$12.18
70 +	\$8.06	\$12.18	70 +	\$12.84	\$19.63

WELLNESS BENEFIT - ADDITIONAL MONTHLY COST PER \$100	
Employee & Child	\$3.20
Spouse	\$3.20

\*Carcinoma in situ is defined as cancer that involves only cells in the tissue in which it began and that has not spread to nearby tissues.

In TX, insured individuals must be covered by comprehensive health coverage before applying for group critical illness insurance.

\*Eligible employees must be actively at work to apply for coverage. Being "actively at work" means that on the day you apply for coverage, you are working at one of your company's business locations, or you are working at a location where you are required to represent your company. If you are applying for coverage on a day that is not one of your scheduled workdays, then you will be considered actively at work if you meet this definition as of your last scheduled workday. You are not considered actively at work if your normal duties are limited or altered due to your health or if you are on a leave of absence.

This policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. See the actual policy or your Unum representative for specific provisions and details of availability.

THIS IS A LIMITED POLICY.

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Portland, Maine

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**ACCIDENT INSURANCE**

Unum's accident insurance can pay benefits based on the injury you receive and the treatment you need, including X-rays, emergency room care and related surgery. The benefit can help offset the out-of-pocket expenses that medical insurance does not pay, including deductibles and copays.

**Advantages of the plan**

- Coverage is available to eligible employees age 17-80 who are actively at work.\*
- You can buy coverage for your spouse and dependent children.
- No health questions to answer. If you apply, you automatically receive the base plan.
- Base plan is guaranteed renewable for life and covers a wide variety of injuries and accident-related expenses such as hospitalization, physical therapy, emergency room treatment, doctor's visits, fractures and dislocations, transportation, lodging and more.
- Benefits are paid for accidents that occur on or off the job.
- Plan also offers coverage for accidental death and catastrophic accident.
- You own the policy so you can keep this coverage if you change jobs or retire. Unum will bill you for your premiums.
- This plan includes convenient payroll deduction, so you don't have to remember to write a check for your premiums.
- Coverage becomes effective on the first day of the month in which payroll deductions begin.

**Monthly Premium**

EMPLOYEE	EMPLOYEE & SPOUSE	EMPLOYEE & CHILD	EMPLOYEE, SPOUSE & CHILD
\$16.29	\$26.36	\$30.42	\$40.47

\*Eligible employees must be actively at work to apply for coverage. Being "actively at work" means that on the day you apply for coverage, you are working at one of your company's business locations, or you are working at a location where you are required to represent your company. If you are applying for coverage on a day that is not one of your scheduled workdays, then you will be considered actively at work if you meet this definition as of your last scheduled workday. You are not considered actively at work if your normal duties are limited or altered due to your health, or if you are on a leave of absence.

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Chattanooga, Tennessee

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**ENROLLMENT DATES: OCTOBER 17 - OCTOBER 26, 2018**

## EMPLOYEE ASSISTANCE PROGRAM (EAP)

The City of Abilene offers the services of an EAP to employees and their families at no cost to the employee. All City employees are eligible to use this benefit. Calls and counseling sessions through the EAP are confidential. The EAP is maintained by the independent, professional, and confidential counseling service of Alliance Work Partners (AWP). AWP is staffed by highly professional, skilled, and licensed counselors and social workers who are trained to provide help for issues of a personal nature and recommend community resources to assist you and your family members.

You may call the EAP 24 hours a day, seven days a week, to discuss your concerns, to receive crisis counseling, or referrals for face-to-face counseling at 800-343-3822. An EAP teen line is also available at 800-334-TEEN (8336).

## LEGALSHIELD

The City of Abilene offers payroll deductions for pre-paid legal services through LegalShield.

Premiums for these plans are deducted twice a month, after taxes are withheld from your paycheck. They offer two plans:

- Legal Services
- Legal Services, plus Identity Theft Shield

For more information about these individual policies, contact the local agent at 325-370-1271.

TYPE OF COVERAGE	SEMI-MONTHLY DEDUCTIONS	MONTHLY DEDUCTIONS
Legal Plan	\$7.98	\$15.96
Legal Plan, plus Identify Theft Shield	\$12.96	\$25.92

## NEXT STEPS

- If you are adding dependents, be prepared with SSNs and dates of Birth. In addition, all newly enrolled dependents require verification of relationship to be submitted to Human Resources.
- All full and part-time employees must complete the enrollment process no later than 5 PM on Friday, October 26 in order to have benefits in 2019.

There are 2 ways to enroll this year:

- Starting Monday, October 8th, you can schedule a telephone appointment with a Benefits Educator online at [www.CityofAbileneBenefits.com](http://www.CityofAbileneBenefits.com) or by calling 1-855-680-8806. Appointments fill up fast, so don't wait!
- Enroll online 24/7 at [www.CityofAbilene.bswift.com](http://www.CityofAbilene.bswift.com) beginning Wednesday, October 17. Online enrollment ends at 5 PM on Friday, October 26th, so don't delay!

**Remember to keep your benefit confirmation statement as your receipt that you enrolled in benefits for 2019. Also, be sure to review the benefit confirmation statement carefully; any pending verification documents must be turned in by Friday, November 16, 2018. Be sure to compare your elections with the first payroll check of 2019 on January 11.**

## CONTACT INFORMATION

BENEFIT	CONTACT	PHONE NUMBER	WEBSITE	GROUP/POLICY NUMBER
Medical Insurance	Aetna	(800) 245-0618	<a href="http://www.aetna.com">www.aetna.com</a>	737327
Teledoc	Teledoc	(855) 835-2362	<a href="http://www.teladoc.com/aetna">www.teladoc.com/aetna</a>	N/A
Flexible Spending Account	Total Administrative Services Corporation (TASC)	(800) 422-4661	<a href="http://www.tasconline.com">www.tasconline.com</a>	N/A
Hospital Indemnity Insurance	Unum	(866) 679-3054	<a href="http://www.unum.com">www.unum.com</a>	R0557009
Dental Insurance	Aetna	(877) 238-6200	<a href="http://www.aetna.com">www.aetna.com</a>	285753
Vision	Aetna	(877) 973-3238	<a href="http://www.aetnavision.com">www.aetnavision.com</a>	737327
Basic Life & AD&D Insurance and Voluntary Term Life Insurance	Dearborn National	(800) 778-2281	<a href="http://www.dearbornnational.com">www.dearbornnational.com</a>	N/A
Whole Life Insurance	Unum	(866) 679-3054	<a href="http://www.unum.com">www.unum.com</a>	R0557009
Group Critical Illness Insurance	Unum	(866) 679-3054	<a href="http://www.unum.com">www.unum.com</a>	R0557009
Accident Insurance	Unum	(866) 679-3054	<a href="http://www.unum.com">www.unum.com</a>	R0557009
Legal Services & Identity Theft Shield	LegalShield/Kevin Taylor	(800) 654-7757 (325) 370-1271	<a href="http://www.legalshield.com/">http://www.legalshield.com/</a>	N/A

This benefit booklet summarizes the provisions of your Employee Benefits offered by the City of Abilene effective January 1, 2019. Complete details of each plan are included in the official plan documents and contracts. If there is a difference between this book and the documents or contracts, the documents and contracts will govern. Benefits described in this book may be changed at any time and do not represent a contractual obligation on the part of the City of Abilene.

**FOR MORE INFORMATION: [WWW.CITYOFABILENEBENEFITS.COM](http://WWW.CITYOFABILENEBENEFITS.COM)**



555 Walnut Street  
Abilene, TX 79601

